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1059 U.S. PTO

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03-01-02

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UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	SC11814TP
	First Inventor:	Michael J. Rendon
	Title:	METHOD OF FORMING A SEMICONDUCTOR DEVICE HAVING AN ENERGY ABSORBING LAYER AND STRUCTURE THEREOF
	Express Mail Label No.:	EL721537385US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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10/085889

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APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="23"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="6"/>	ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input checked="" type="checkbox"/> IDS <input type="text" value="9"/> Copies of IDS Citations	
	13. <input type="checkbox"/> Preliminary Amendment	
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
	15. <input type="checkbox"/> Certified Copy of Priority Document	
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
	17. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Form PTO/SB/08 <input checked="" type="checkbox"/> References/AA-AI <input checked="" type="checkbox"/> Copy of Related Application SC11502TP/Csutak/SN 09/990,977 filed 11.21.01	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. <input type="text"/>
Prior Appl. information:	Examiner: <input type="text"/>	Group/Art Unit: <input type="text"/>	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="text" value="23125"/>	or	<input type="checkbox"/>	Correspondence address below	
Name					
Address					
City		State		Zip Code	
Country		Telephone	<input type="text" value="512.996.6839"/>	Fax	<input type="text" value="512.996.6854"/>
Name	<input type="text" value="Robert L. King"/>	Registration No.	<input type="text" value="30,185"/>		
SIGNATURE	<input type="text" value="Robert L. King"/>		Date	<input type="text" value="2/28/02"/>	

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